

SENATE, No. 2240

[Senate, January 6, 2010 - New Draft of Senate, No. 317 reported from the committee on Elder Affairs.]



The Commonwealth of Massachusetts

IN THE YEAR OF TWO THOUSAND AND NINE

AN ACT RELATIVE TO THE PREVENTION OF FALLS IN THE ELDERLY COMMUNITY.

Be it enacted by the Senate and House of Representatives in General Court assembled,

And by the authority of the same, as follows:

- 1 Chapter 111 of the General Laws is hereby amended by adding the following new
2 Section:
3 Chapter 111, Section 219:
4 There shall be, within the Division of Violence and Injury Prevention a commission on
5 falls preventions to make an investigation and comprehensive study of the effects of falls on

6 older adults and the potential for reducing the number of falls of older adults. The commission
7 shall consist of the commissioner of the department of public health or his designee, who shall
8 Chair the commission; the secretary of the executive office of elder affairs or his designee; the
9 director of MassHealth or his designee; and 6 members appointed by the Governor, 1 of whom
10 shall be a designee from the Home Care Alliance of Massachusetts, 1 of whom shall be a
11 designee from the American Association of Retired Persons, 1 of whom shall be a designee
12 from the Massachusetts Senior Care Association, 1 of whom shall be a designee from the
13 Massachusetts Councils on Aging, 1 of whom shall be a designee from the Massachusetts
14 Medical Society, and 1 of whom shall be a designee of the Massachusetts Pharmacists
15 Association.

16 The Commission on Falls Prevention shall conduct an ongoing review of the effects of
17 falls of older adults on health care costs, the potential for reducing the number of falls of older
18 adults and the most effective strategies for reducing falls and health care costs associated with
19 falls. The commission shall:

- 20 1. Consider strategies to improve data collection and analysis to identify fall risk, health care
21 cost data and protective factors;
- 22 2. Consider strategies to improve the identification of older adults who have a high risk of
23 falling;
- 24 3. Consider strategies to maximize the dissemination of proven, effective fall prevention
25 interventions and identify barriers to those interventions;
- 26 4. Assess the risk and measure the incidence of falls occurring in various settings;
- 27 5. Identify evidence-based strategies used by long-term care providers to reduce the rate of falls
28 among older adults and reduce the rate of hospitalizations related to falls.

- 29 6. Identify evidence-based community programs designed to prevent falls among older adults;
30 7. Review falls prevention initiatives for community-based settings; and
31 8. Examine the components and key elements of the above falls prevention initiatives, consider
32 their applicability in Massachusetts and develop strategies for pilot testing, implementation and
33 evaluation.

34 The Commission on Falls Prevention shall submit an annual report to the secretary of
35 health and human services and the joint committee on health care financing, no later than
36 September 22 of each year, that includes findings from their review, recommendations and
37 suggested additional legislation. The report shall include recommendations for:

- 38 1. Intervention approaches, including physical activity, medication assessment and reduction of
39 medication when possible, vision enhancement and home-modification strategies;
40 2. Strategies that promote collaboration between the medical community, including physicians,
41 long-term care providers, and pharmacist to reduce the rate of falls among their patients;
42 3. Programs that are targeted to fall victims who are at a high risk for 2nd falls and that are
43 designed to maximize independence and quality of life for older adults, particularly those older
44 adults with functional limitations;
45 4. Programs that encourage partnerships to prevent falls among older adults and prevent or
46 reduce injuries when falls occur; and
47 5. Programs to encourage long-term care providers in Massachusetts to implement falls
48 prevention strategies which use specific interventions to help all patients avoid the risks for
49 falling in an effort to reduce hospitalizations and prolong a high quality of life.